

Peer Support to retain PLHIV in care - Quality Assurance in community-based adherence clubs

DOH/PEPFAR BEST PRACTICES MEETING: HIV PATIENT LINKAGE AND RETURN
BACK TO CARE, 28 March 2019

Community-Based Strategies for Improving Linkage to Treatment and Return to Care

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- **USAID-funded project**
(2013-2018)

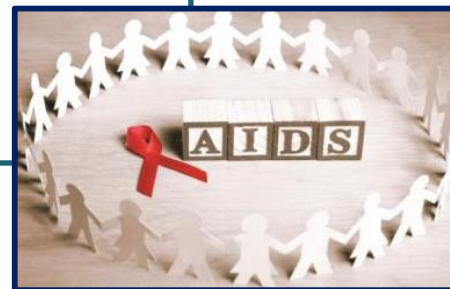
- **Purpose:**

to develop the capacity of organizations and individuals at community level to implement community-based adherence clubs

Implemented by Hospice Palliative Care Association (HPCA) and sub-grantee FHI360

Community adherence clubs decrease regular visits to the clinic, thereby reducing transport cost

Patients can continue with their daily activities after attending the club



Community adherence clubs increase patients' sense of pride and accountability and facilitate adequate referral

Patients help and encourage each other to adhere to their treatment



CaSIPO develops Community Health Workers (CHWs) and supervisors' skills and knowledge for improved quality services at community levels

Establishment of adherence clubs (incl. cohorting)

Facilitation of adherence clubs (incl. referrals)

Provision of Universal Care Interventions (UCI) (NACS, STI and TB screenings)

Supervision of adherence clubs (AC Facilitation Audits)

Record keeping and monitoring data quality (AC and UCI Registers Audits)

CHWs: Community Health Workers

NACS: Nutritional Assessment Counselling and Support

STI: Sexually Transmitted Infection

TB: Tuberculosis

- **Target audience:**
 - ✓ CHWs, Lay Counsellors
 - ✓ Supervisors and managers (last day of the course)
- **Duration:** 3-day course
- **Content:**
 - ✓ Adherence Club structure, roles and responsibilities
 - ✓ Club planning and implementation
 - ✓ Facilitation skills and health talks
 - ✓ Health checks: sexually transmitted infections (STI), ~~and~~ TB screening and nutritional assessment counselling and support (NACS)
 - ✓ Record keeping: completion of AC registers and introduction to Universal Care Interventions (UCI) Register developed by CaSIPO to record NACS, STI and TB screenings and subsequent referrals.
 - ✓ Monitoring and supervision of the clubs.

The training followed by post-training mentorship.



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HPCA
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fhi360
THE SCIENCE OF IMPROVING LIVES

- Four tools were developed to monitor the quality of the services provided during community-based ACs.
- The tools were used by CaSIPO team members and introduced to ACF's to encourage internal monitoring for improved sustainability.
- The assessment methods included:
 - face to face survey
 - observation
 - documents analysis.
- Assessment results were shared and provided evidence as the basis for constructive feedback to the AC Facilitators, including recommendations for improvement.

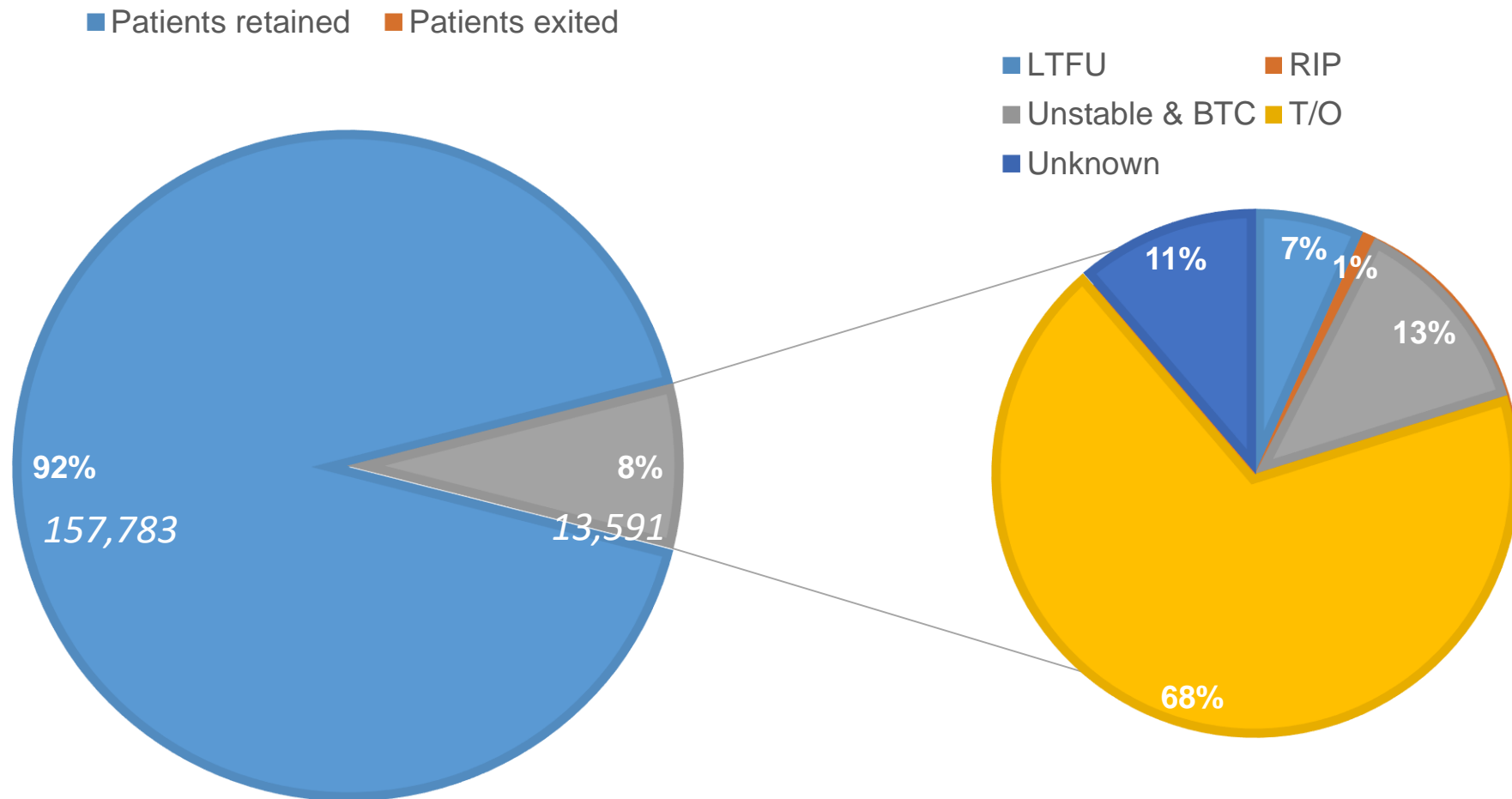
Available in seven South African languages, the **Patients Satisfaction Survey (PSS)** assessed how well the clubs meet patients' expectations.

AC Assessment (ACA) Tool measured the quality of the complete AC session, including facilitation.

**Nothing can happen
without ongoing
supervision and monitoring**

AC Register checklist (ACRC) assessed the completeness and accuracy of the AC registers.

UCI Audit (UCIA) tool monitored the completion of the UCI register and the quality of the assessments, screenings and systematic referrals.



Over a two years period, 171,374 HIV positive stable patients from 387 health facilities were decanted to 7,057 community-based ACs across 15 Districts.

As patients have increased access to the various Repeat Prescription Collection Strategy options, the quality and relevance of the clubs to members played a key role in their retention in adherence clubs.

2,092 club
members

219 ACs

14
Districts

7
languages

CaSIPO Adherence Club Patient Satisfaction Survey

Please give us your feedback on being a member of an adherence club. There are 7 questions. Please read each question and tick one or multiple answers that you agree with in each question.

Patient Consent

I (Name) have chosen today (Date) to complete this patient satisfaction survey. I understand that my name will not be used or made known to anyone when satisfaction survey results are shared by the CBO and CaSIPO.

Results: Findings from quality assessments

Patients Satisfaction Survey (May to September 2018)

10

1. What makes you stay in your adherence club?

I get support from other club members	It is easy and close to get to this club	They check on my health	There are no long queues	It is easier to stay in this club than to make a change	It doesn't matter to me	I did not know I can change and go somewhere else	No comment	I don't Know
1,257	1,019	961	996	470	78	75	38	14
60%	49%	46%	48%	22%	4%	4%	2%	1%

2. How does being in the club help you to adhere to your treatment?

They remind me to take my medicine	I can ask any questions I have if I am worried about anything	I learn from the education talks we receive	Other club members tell me about the way they stay on their medicine	It makes no difference I will adhere anyway	Being at the club does not help me adhere to medication	No comment	I don't know
1,259	1,200	890	469	174	60	38	13
60%	57%	43%	22%	8%	3%	2%	1%

4. If you were told that the adherence club would be stopped, what would you feel if you could no longer come to the club?

I would be happy	I would be very unhappy	It would not worry me at all	I would be worried as I have no other choice for a quick service option	No comment	I don't know
230	1,214	129	725	30	38
11%	58%	6%	35%	1%	2%

■ *Quotes from club members*

- *“The counselling I received during club days is helpful to me.”*
- *“Education at the club is very helpful especially about treatment adherence.”*
- *“There is continuous motivation and encouragement from other club members.”*

Common challenges identified by club members

club taking too
long (9%, 186)

club not starting
on time (9%, 190)

medication not
always available at
the club (9%, 186)

medication not at
the club on time
(9%, 197)

These results highlighted the need to prioritise further investigation with club facilitators and facility club managers to identify improvement interventions.

230
adherence
clubs

13 Districts

Adherence Club Assessment

The questions covered in this assessment aim to support the model and standard of differentiated care provided in an Adherence club, according to the Adherence Guidelines. The assessment is to be used to identify gaps and support the development of adherence club facilitators. **(Checklist Scoring: Yes = 1; No = 0) Total up the Y scores per section.**

1.	AC Assessment Information	2.	Club Facilitation
a.	Date of club visit:	a.	Name Club Facilitator:
b.	Name of Assessor: Title: Signature:	b.	Club Venue: Club Name: Club No:
c.	Name of Facility:	c.	Club Session (Routine/Scripting/Blood/Clinical)
d.	Province:	d.	Names of other person supporting club facilitation: Name: Position: Role at Club:
e.	District:		
f.	Sub-District		
g.	Time Spent Mentoring:		

Adherence Club Facilitator created a warm and friendly climate (83%, 192) and encouraged members to engage (68%, 157), contributing to patients supporting and motivating each other to adhere to their treatments.

Assessment Scoring	Relevance of education explained		ACF knowledgeable on education topic		ACF speaks clearly		ACF dominates the session		Club members encouraged to engage		ACF created a warm, friendly climate	
Score 0 - Needs urgent attention	18	8%	14	6%	14	6%	30	13%	27	12%	9	4%
Score 1 - Needs improvement	26	11%	29	13%	22	10%	51	22%	39	17%	26	11%
Score 2 - Meets expectations	181	79%	180	78%	187	81%	142	62%	157	68%	192	83%
Score e - Not completed	5	2%	7	3%	7	3%	7	3%	7	3%	3	1%
Score NA - Not applicable	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%

- A total of 3,281 adherence club registers were assessed using the ACRC, with 2,197 (67%) of them found 100% complete and accurate.

Common issues identified

Non-availability of a telephone number for **all** patients and their designated buddies,

Non-completion of the Tally sheet

Register not signed by the Facility Manager,

Register not signed by the Data Capturer at the clinic

Register not captured on Tier.net.

- Need for ongoing supervision of the AC Facilitators to maintain the quality of the services provided during the clubs, ensure patient satisfaction and ultimately retention in care.
- Necessity to collaborate with clinics to sustain the accuracy, completeness and consistency of AC registers and their capture in Tier.net as it contributed to eliminate false LTFU and improve patients' management.

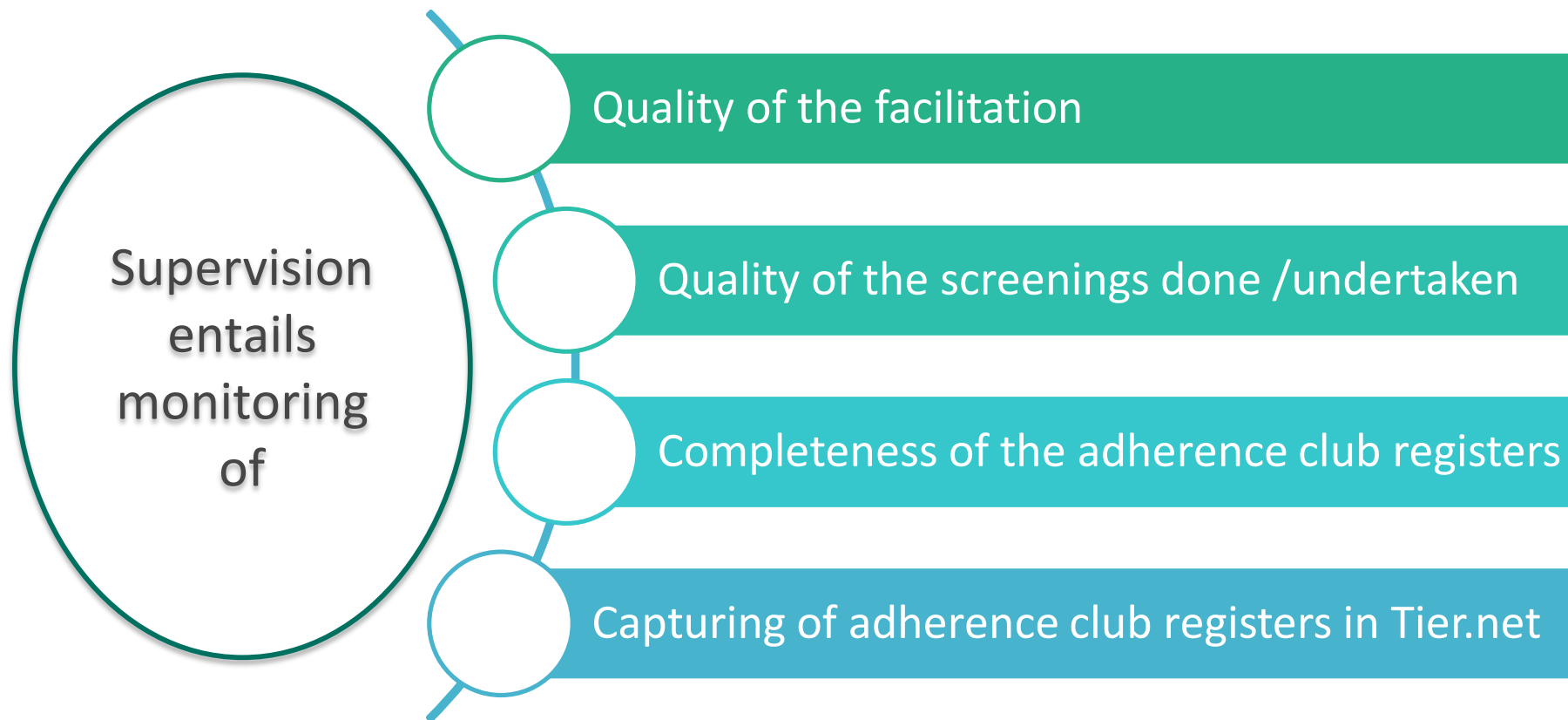
Quality of the clubs can only be achieved through:

Buy-in by
facility
management
and all roles
players

Ongoing
supervision,
monitoring and
mentorship of
adherence club
facilitators

Adaptability to
the local
context and
patients'
choices





Supervisory
role can
either be
played by

Outreach Team Lead

Dedicated Professional Nurse from the
facility

CBO Manager/supervisor

Acknowledgements

- PEPFAR
- USAID
- National Department of Health (NDOH)
- Provincial DOH
- 15 DOH Districts Municipalities
- Community Based Organizations (CBOs)
- Ward Based Primary Health Care Outreach Teams (WBPHCOTs)
- AIDS Councils
- Health Facilities
- Patients in Community Adherence Clubs
- CaSIPO Team

